

Hoopa Valley Tribal Council
TRIBAL EMPLOYMENT RIGHTS OFFICE

71 Willow St. ~ PO Box 1467 ~ Hoopa, CA 95546
Phone (530) 625-9200 Ext. 14 ~ Fax (530) 625-4269



DATE: _____

TO: _____ TRIBE

FROM: Penny L. Cordova, TERO Director

RE: AUTHORIZATION FOR RELEASE OF INFORMATION

The applicant listed below has filed a job application with the Tribal Employment Rights Office (TERO) for employment and/or training purposes and/or is working for a contractor on the Hoopa Indian Reservation. In order for TERO to apply Indian Preference status, we need verification of enrollment in a federally recognized tribe. Below is authorization from the applicant/employee giving consent to release this information to TERO.

I, _____ do hereby authorize the _____ Tribe to release verification of my enrollment to the Hoopa TERO. My date of birth is: _____, and my roll # (if known): _____.

Signature of Applicant

MAILING ADDRESS: _____

CONTACT NUMBER: () _____